EOPS

CARE|NEXTUP

Educate • Empower • Excel

eops@ norcocollege.edu
norcocollege.edu/eops

NORCO
COLLEGE

APPLICATION

Last Name:

First Name:

Student ID#:

EOPS/CARE/NEXTUP APPLICATION: PART I

Gender: ❑ Transgender Male
❑ Transgender Female
❑ Non-Binary

Student Information

❑ Female ❑ Male ❑ Other

Application for: Fall 20 _____ or Spring 20_____ Today's Date _____

Last Name _____ First Name _____

Address _____ City_____ State _____ Zip Code_____

Home Telephone (_____) _____ Cell (_____)_____ Email _____

Student ID Number _____ Date of Birth _____ Student Email _____

What is your intended educational goal at Norco College? ❑ Associate's Degree ❑ Certificate ❑ Transfer ❑ Undecided

• Major (Academic Program of Study): _____

Is this your first semester with EOPS? ❑ Yes ❑ No (if no, where and when were you enrolled previously?)

College name_____ Date _____ / _____ / _____

Eligibility for Program Services

1. How many units are you planning to enroll in? ❑ 12 or more ❑ 9 to 11.5 ❑ below 9*

   • Documented *disability* may make you eligible for a Unit Waiver from the required 12 units for the program.

   • *Current or Former Foster Youth* are also eligible to take 9 units instead of the required 12.

2. Did you attend another college? ❑ Yes* ❑ No

   *If YES, name of college: _____ Degree earned: ❑ A.A./A.S. ❑ B.A./B.S. Units Earned_____

   *If YES, please submit unofficial transcripts from all colleges previously attended along with this application.

3. Academic Challenge Indicator

   B. Name of High School Attended _____ Last Year Attended _____

      • Graduation Status: ❑High School Diploma ❑ Certificate of Proficiency ❑ G.E.D. ❑ Non-Graduate ❑ Adult Diploma

   C. High School Grade Point Average: ❑0 - 2.49* ❑2.50 - 3.49 ❑3.5 & Above

      *If below 2.5 please submit High School transcripts along with application.

   D. Have you ever enrolled in remedial classes? (Check all that apply) ❑ Yes ❑ No

      ❑ High School/College ESL ❑High School/ College Remedial Courses ❑ Learning Disability ❑Other _____

   E. Other Factors (complete all)

      E1. Parents' highest levels of formal education: Enter code in box for _____Mother _____Father ❑Unknown

         1) No high school   2) Some school graduate   3) High school graduate   4) Some college

         5) Two-year college graduate   6) Four-year college graduate   7) Postgraduate

      E2. Is your Primary Language at home English? ❑Yes ❑No

      E3. Have you ever been in foster care? ❑Yes ❑No (if yes, please complete Part IV)

      E4. Please indicate your ethnic background (choose from the ethnic code below): _____

01 Asian/Indian	06 Korean	11 Mexican American	16 Other Hispanic	21 Pacific Islander	26 Other
02 Asian—Other	07 Laotian	12 Mexican	17 American Indian	22 Hawaiian	
03 Cambodian	08 Vietnamese	13 Central American	18 Middle Eastern	23 Guamanian	
04 Chinese	09 Filipino	14 South American	19 African American	24 Samoan	
05 Japanese	10 Alaskan Native	15 Hispanic	20 Black	25 White	

4. Are you a participant of Norco College's Disability Resource Center (DRC)? ❑ Yes ❑ No

5. Are you a U.S. Veteran? ❑ Yes ❑ No   Are you a U.S. Veteran with a disability (Wounded Warrior)? ❑ Yes ❑ No

6. Are you a single parent? ❑ Yes ❑ No (if yes, complete Part III)

EOPS/CARE/NEXTUP APPLICATION: PART II
Biographical Statement

Please write a brief statement about yourself, family commitments, your goals, and possible obstacles that could negatively impact you from achieving your goals. How can EOPS/CARE/NEXTUP help you achieve your goals?

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Certification
I certify the above information is factual and correct. I grant the Norco College EOPS/CARE/NEXTUP Office the authority to verify and/or obtain the records necessary to document the above information and receive information regarding my college and academic status from other college departments. I also understand it may be necessary to provide further documentation to determine my eligibility for EOPS/CARE/NEXTUP services.

_____   _____
Student Signature   Date

EOPS/CARE/NEXTUP APPLICATION: PART III
Cooperative Agencies Resources for Education (CARE) Eligibility:

CARE (Cooperative Agencies Resources for Education) is a supplemental program for EOPS eligible students who are single, head of household, currently receiving TANF/CalWORKs (cash aid) and have a child age seventeen (17) and under. If you are eligible for the CARE Program, you may receive benefits in addition to those you receive from EOPS.

Eligibility for CARE Program Services

1. Are you receiving TANF/CalWORKs (cash aid) for yourself? ❑ Yes ❑ No

    Note Request TANF Verification Form if "Yes" to #1 or #2

2. Are you receiving TANF/CalWORKs (cash aid) for your children? ❑ Yes ❑ No

3. Are you a parent of at least one child age 17 and under? ❑ Yes ❑ No

4. Are you a full-time student (12 units or more)? ❑ Yes ❑ No

5. Current Marital Status (please select one) ❑ Married ❑ Single/Never Married ❑ Divorced ❑ Separated ❑ Widowed

Family Status - List all dependent children (ages 0 - 17 years of age)

Last Name	First Name	Relationship	Age	Birthdate

EOPS/CARE/NEXTUP APPLICATION: PART IV

NEXTUP is a supplemental program for students who are current or former foster youth. If you are eligible for PHOENIX SCHOLARS, you may receive benefits in addition to those you receive from EOPS.

Eligibility NEXTUP Services

1. Have you submitted your "Ward of the Court" documentation to the Financial Aid office? ❑ Yes ❑ No

2. When did you exit care? ❑ Before age 13? ❑ Between ages 13 - 15? ❑ After age 16?

FOR OFFICE USE ONLY (ADMISSION STATUS)

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NORCO
COLLEGE

EOPS/CARE/NEXTUP
2001 Third Street • Norco CA, 92860-2600
(951) 372-7128 • eops@norcocollege.edu